


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004425 (4)**
1. Corporation Name

ALZHEIMER'S LIFELINERS ASSOCIATION, INC.



Principal Place of Business 1800 SECOND STREET SUITE 760 SARASOTA FL 34236	Mailing Address 1800 SECOND STREET SUITE 760 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/06/1994		3a. Date of Last Report 05/14/1996	
4. FEI Number 65-0588021		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent FERRELL, ALICE ESQ. 1800 SECOND STREET SUITE 760 SARASOTA FL 34236				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OVERTON, PAMELA			1.2 NAME	D Mary Anne Sullivan		
STREET ADDRESS	1871 COTTONWOOD TRAIL			1.3 STREET ADDRESS	106 Seagull Lane		
CITY-ST-ZIP	SARASOTA FL 34232			1.4 CITY-ST-ZIP	Sarasota, FL 34236		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILL, JOJM			2.2 NAME	Audrey DeWeese		
STREET ADDRESS	1805 MAIN ST			2.3 STREET ADDRESS	1000 Longboat Key Club Road		
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP	Longboat Key, FL 34228		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGELBRECHT, LINDA			3.2 NAME			
STREET ADDRESS	3250 12TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADAR, BELLA			4.2 NAME			
STREET ADDRESS	1800 TOWHEE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOKE, VIVEN			5.2 NAME	300002304233		
STREET ADDRESS	822 HAMMOCKWOOD CT			5.3 STREET ADDRESS	-09/26/97--01002--015		
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP	***61.25		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COBB, PHYLLIS			6.2 NAME			
STREET ADDRESS	3239 RAMBLEWOOD DRIVE, NORTH			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE _____ Secretary 9-5-97

CR2E037 (4/97)